

Department of Human Services 2009-11 Policy Option Package

Initiative #4: Children are safe and healthy.

DHS believes that all children have the right to live safely and free from fear, and to have access to the health care, mental health services, dental care and preventive services they need to thrive and grow into healthy, productive and independent adults. This initiative supports that goal.

This initiative includes:

◆ Element 4 - 1 (POP 104):

This POP develops a statewide day care support service for foster children who are in the state's legal custody when a foster parent is employed outside the home. Currently, foster parents must pay on their own for the day care of foster children in the state's legal custody, which is often more than foster parents receive in foster care payments from the state. This makes it difficult to recruit and retain foster parents. This POP increases the number and diversity of available foster homes for children, increases the number of children who can be placed with relatives otherwise unable to afford the financial hardship of day care services, and helps to stabilize foster placements. This POP addresses a particularly significant barrier to being able to place minority children with relatives, which is a factor in the disproportionate number of minority children in non-relative foster care. Federal Title IV-E funding will be leveraged for IV-E-eligible children, which provides 63 percent in federal matching funds to the state's 37 percent state General Funds. The adverse effect of not implementing this POP is limiting the number of Oregonian families and relatives able to afford to provide foster care, higher rates of burnout in foster parents, lack of stability in placements, and attendant behavioral and attachment issues for the foster children. A portion of these funds will be used for minority children in foster care to support culturally specific day care needs.

- ◆ Element 4 – 2 (POP 279):

DHS has assigned responsibility for investigating reports of child abuse in certain therapeutic treatment settings (CCPs) to the Office of Investigations and Training (OIT). To begin operations, OIT was required to employ investigators, trainers, and data and support staff on a two-year limited-duration basis. This Policy Option Package will make that program reassignment to OIT permanent.
- ◆ Element 4 – 3 (POP 124):

This POP establishes a foundation of staff, training and public involvement to reduce the disproportionate number of minority children in foster care. It will provide staff and foster parents with tools, skills and knowledge to help minority families and children achieve safety, permanency and well-being. An advisory group would be formed to explore solutions to minority over-representation and make recommendations to DHS and the Legislature. The number of minority children entering foster care is expected to increase, and their duration in foster care will be longer than non-minority children. In Oregon as in the rest of the nation, minority children are over-represented in foster care when compared to the racial and ethnic rates of distribution in each state. This package also includes a contract to enhance services to urban Native American children in foster and activities aimed at family preservation. This package addresses an area that was deemed a deficiency in the 2007 federal Child and Family Services Review of the program.
- ◆ Element 4 – 4 (POP 154):

This package improves mental health (MH) treatment of Oregon’s children in foster care and the CW system by upgrading training and linking services to keep them safe and healthy. It ensures these kids receive assessments and services that are developmentally appropriate and trauma informed. It provides skilled clinicians to assess the MH needs of young children and their families and provide effective interventions. It puts more resources into prevention and targets children at highest risk of future disability. It assists children subjected to trauma and other environmental risks to be healthy. Coordination will occur at the state level and MH clinicians will be co-located in CW offices.

◆ Element 4 – 5 (POP 164):

Oregon has among the highest rates of hunger, food insecurity and unemployment in the nation. This, combined with poverty, and lack of health and mental health services puts Oregon's pregnant women and their children at risk for long-term health and development problems. This POP will expand public health nursing (PHN) services at the state and local level to at-risk pregnant women and children. Such nurses provide critical services to 15,000 of Oregon's most vulnerable families each year. Dramatic decreases of local funds are putting local health departments at risk of reducing these services. The package will build state and local support to ensure the availability of evidence-based PHN services including health and development assessment, education, access and care coordination. National studies have found cost savings of more than \$2.24 for each dollar invested in evidence-based PH.

◆ Element 4 – 6 (POP 174):

This POP will enable CAF to contract with local domestic violence programs to co-locate domestic violence advocates at child welfare and self-sufficiency offices. This will ensure domestic violence situations are recognized and addressed, better ensuring the safety of children and their families by providing immediate access to services, safety planning as part of case planning, and having advocates with specialized knowledge available as a resource to Child Welfare and Self Sufficiency staff. There is a strong relationship between domestic violence and child abuse. This POP will reduce incidence of child abuse by offering families faced with domestic violence, more immediate access to services to help keep themselves and their children safe. This model has been successfully piloted in Oregon and shown to increase staff and client understanding of domestic violence dynamics, and improved capacity for safety planning. CW offices will also contract with batterer intervention providers to develop appropriate safety and service plans for perpetrators, including increasing coordination with the criminal justice system. A portion of these funds will be dedicated to minority children and families.

◆ Element 4 – 7 (POP 184):

This POP enables the Department to avoid eliminating a substantial portion of its current child safety program and reducing current level of services in a number of CAF Self-Sufficiency and Child Welfare programs that are “non-mandated”. There are two separate but related components to this POP.

First, in order to continue programs at current levels, CAF requires backfill of federal and other fund revenue shortfalls expected for the 2009-11 biennium. The revenue shortfalls result from recent clarifications of allowable uses of Temporary Assistance for Needy Families (TANF) revenues for Emergency Assistance grants in child welfare, and that many federal grants are capped and do not increase as program costs increase.

Second, unlike mandated caseloads, the budget for increases in caseloads and costs-per-case for non-mandated caseloads are not automatically included in the Essential Budget Level. Therefore, without this package any increase in costs relating to caseloads or costs-per-case would not be included in the CAF budget.

Major programs included in this request are Temporary Assistance for Needy Families (TANF), State Family Pre-SSI/SSDI (SFPSS), Job Opportunity and Basic Skills (JOBS), Post TANF, and OFSET in Self-Sufficiency, all of the Child Safety Programs, Nursing Assessments, Foster Care Prevention, Other Medical, and Independent Living in Substitute Care, Contracted Adoption Services, Permanency Planning Evaluations, and Post Adoption Support in Adoptions, and Program Support & Administration funding. Without this funding, CAF will need to eliminate a substantial portion of its current child safety program. It will also further diminish the buying power of many benefits available to Oregonians in need.

- ◆ Element 4 – 8 (POP 194):

This package will help keep Oregon families together as parents learn to manage addictive diseases while developing healthier patterns of parenting and family functioning. This package funds additional alcohol and drug residential treatment capacity for parents in the child welfare system and for their children who can safely remain with their parents while they participate in addiction treatment. Emphasis will be placed on programs serving families of color who are overrepresented in Oregon’s foster care system. This is a capacity expansion for the Intensive Treatment and Recovery Services (ITRS) initiative implemented during the 2007-09 biennium.
- ◆ Element 4 – 9 (POP 204):

This package provides specialized MH care for children who have traditionally been hard to treat due to behavioral problems and will result in a reduction in use of seclusion and restraints. It will train and support children’s MH service providers statewide in Collaborative Problem Solving. This is used to assist youngsters who exhibit chronic problem behaviors during treatment. Reversing these behaviors is proven to reduce the use of seclusion and restraints, reduce time in residential treatment, and number of failed placements. The program provides training, coordination, consultation and evaluation in nine geographic areas, plus a center for excellence and a manager to oversee the work.
- ◆ Element 4 – 11 (POP 224):

This POP provides funding for coordinating more frequent, positive and culturally appropriate family visitation for foster children – one of the most critical elements and indicators of family reunification. Children with an increased relationship with biological families are more likely to have placement stability, reduced trauma and stress while in care. The Oregon Legislature last session (SB 414) increased the Court’s ability to order, monitor and find the department out of compliance with visitation orders. The Legislature did not provide funding for the increased costs for visitation, and the department is struggling to meet these court orders and families’ needs. This service is eligible for

federal funding at a 50% federal match rate when the state provides 50% General Fund. The department will use a portion of these funds to ensure visitation services are culturally appropriate.

◆ Element 4 – 12 (POP 234):

This POP provides resources for a timely and quality reviewing of critical incidents such as a child fatality or alleged child abuse by a DHS employee. It addresses the need for additional positions to have one person who coordinates the Critical Incident Response Team process and three people who complete CPS assessments on DHS employees. All of these positions are in line with the agency's mission and goals, and once in place, would achieve better outcomes for children and families and ultimately improve the safety of the children the agency serves.

A portion of these funds will be dedicated to provide this service with cultural appropriateness in mind.

◆ Element 4 – 13 (POP 244):

Shaken baby syndrome can cause irreversible brain damage or death. This policy option package would fund a research-based shaken baby syndrome prevention program in hospitals throughout Oregon. The program, called the Period of Purple Crying Prevention Program, is intended to stop people from violently shaking babies as a means of punishment. The condition, which is 100 percent preventable, caused a statewide financial burden of \$2,147,414 between 2000-2004 and an average charge per patient of \$42,106. The Oregon Health Plan was the primary payer in 81 percent of the cases.

◆ Element 4 – 14 (POP 254):

Although a high-quality oral-health program has been established in Oregon’s Public Health Division, the lack of a State Dental Health Officer is undermining sustainability. A State Dental Health Officer will provide much needed guidance in assessing oral health status, implementing surveillance, developing plans and policies, mobilizing community partners, and conducting research and supporting demonstration projects – all cited as essential public health functions by the Association of State and Territorial Dental Directors. The State Dental Health Officer also will work half-time as dental director for the Division of Medical Assistance Programs. There, the dental director will provide vital clinical support, make dental policy recommendations, and act as an external, clinical, and professional liaison with staff, contractors, dental professionals, and dental organizations.

◆ Element 4 – 15 (POP 264):

This package will ensure the health and safety of Oregon juveniles who are declared unfit to participate in the courts by providing them with education, medication, treatment, and other restorative services. The Juvenile Fitness to Proceed package provides for restorative services when the courts have determined that a youth is unable to assist in his own defense. The services will be educational and delivered where the youth is residing, except in extreme circumstances. This POP responds to a LC that will require DHS to provide restorative services and develop training standards for evaluators, guidelines for evaluations, and provide the courts with a list of qualified evaluators.

◆ Element 4 – 16 (POP 274, 284):

This combined policy option package proposes to expand the Child Care Health Consultation (CCHC) program from four county-based sites to a regional approach making health and mental health consultation services available to 4,000 child care providers. This proven model improves child care quality and provides healthier, safer and more nurturing child care for children. Expanding the scope and scale of the program to include mental health consultation promotes the early identification and treatment of children with physical, behavioral, social/emotional health and development concerns, and facilitates their inclusion and retention in community-based child care.

◆ Element 4 - 17 (POP 294):

This policy option package will provide funding for a Safe Place for Newborns Public Awareness Campaign. This law was passed in 2001, allowing a distressed parent to leave a newborn in a safe place with a legitimate authority instead of abandoning the baby. Because funding was never provided there is a lack of awareness and knowledge of the way the program works. A statewide awareness campaign is needed that focuses on both parents and staff of authorized surrendering facilities.

◆ Element 4 – 18 (POP 304):

This POP improves recruiting of adoptive families, speeds the adoption process, and increases the number of adoptive homes available, by funding adoptive home studies through 14 private adoption agencies, so that prospective adoptive families can be serviced immediately. This eliminates the need for waiting lists, and will increase the number of approved adoptive homes, particularly culturally appropriate homes, available for children who are waiting for a permanent home. When DHS doesn't have the internal capacity to process potential adoptive families, they are placed on waiting lists. Placing interested applicants on waiting lists is contradictory to the message that homes are needed and discourages others from applying. This POP enables Oregon to overcome deficiencies in meeting

national standards for timeliness of adoptions. It will also help address the cultural needs of families seeking to adopt a child from foster care, and positively impact permanency outcomes for children of color who are overrepresented within the foster care system. A portion of these funds will be dedicated to serving minority populations.

◆ Element 4 – 19 (POP 314):

This POP provides funding to continue and expand the educational advocacy and legal representation work of the Juvenile Rights Project in the Portland Metropolitan area. The work would be expanded to pilot efforts in smaller counties to improve educational outcomes for court-involved children and youth in DHS custody, specifically increasing school stability and access to supportive services, by sustaining contracted legal and educational advocacy. These supports are particularly essential to serve minority children and youth, whose educational needs can present unique challenges, and to reduce over-representation of minority children in foster care. This project will improve Oregon's compliance with a federal CSFR outcome measure and better meet needs of children in foster care. This is a joint project of the department and the Oregon Youth Authority. The cost per agency is \$818,196.